

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

TOTAL AMOUNT  
OF PAYMENT

1,810

Complete if Known	
Application Number	09/850,073
Filing Date	05/07/2001
First Named Inventor	Steven Todd
Examiner Name	Rhode Jr., Robert E.
Group/Art Unit	3625
Attorney Docket No.	112820

**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745  
 Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17       Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	770	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	340	Design Filing Fee	
1004	770	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

**SUBTOTAL (1)****2. CLAIMS**

- Filing Under 37CFR 1.53 (b)  
 CPA Under 37CFR 1.53 (d)  
 Amendment

	Extra Claims	Fee from below	Fee Paid
Total	- 20 =	0	
Ind.	- 3 =	0	

## Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2)****SUBTOTAL(3) 1,810****SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	John E. Etchells	Reg. Number
Signature		Date 10/24/06 Deposit Account User ID

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/850,073
OCT 26 2006		Filing Date	05/07/2001
		First Named Inventor	Steven Todd
		Group Art Unit	3625
		Examiner Name	Rhode Jr., Robert E.
Total Number of Pages in this Submission	14	Attorney Docket Number	112820

**Enclosures (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Supplemental Declaration and Power of Attorney <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Authorization to Act in a Representative Capacity; Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<input type="checkbox"/> Request Continued Examination (RCE) Transmittal		
Remarks: In response to the Final Office Action dated 05/18/2006		

**CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label      Customer Number - 26652      or     Correspondence address below

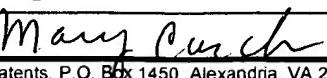
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Gary H. Monka	Reg. #	35290
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SIGNATURE		DATE	10/24/2006

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/24/2006

Type or Printed Name	Mary Curch		
Signature		Date	10/24/2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450